

## INFORMATION DISCLOSURE CITATION

(Us several sheets if necessary)

ATTY. DOCKET  
CLV-30578A  
APPLICATION NO.  
09/766,725  
APPLICANT  
JUX ET AL.  
FILING DATE  
JANUARY 22, 2001

Sheet 1 of 2

Gr up

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

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## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
<i>us</i>	AM	DE 196 42 040 C1	10/11/96	<del>Deutschland</del> Germany			<input type="checkbox"/>	<input type="checkbox"/>
<i>us</i>	AN	DE 297 16 186 U1	9/10/96	<del>Deutschland</del> Germany			<input type="checkbox"/>	<input type="checkbox"/>
<i>us</i>	AO	EP 0 531 565 A1	9/11/91	EPO			<input type="checkbox"/>	<input type="checkbox"/>
<i>us</i>	AP	EP 0 644 047 A2	8/3/94	EPO			<input type="checkbox"/>	<input type="checkbox"/>
<i>us</i>	AQ	EP 0 646 471 A1	8/12/94	EPO			<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

<i>us</i>	AR	European Search Report
<i>us</i>	AS	International Search Report Date July 20, 1999
	AT	

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EXAMINER

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\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLAS S	TRANSLATION	
						YES	NO
W	AA W0 89/07302	8/10/89	PCT			<input type="checkbox"/>	<input type="checkbox"/>
	AB					<input type="checkbox"/>	<input type="checkbox"/>
	AC					<input type="checkbox"/>	<input type="checkbox"/>
	AD					<input type="checkbox"/>	<input type="checkbox"/>
	AE					<input type="checkbox"/>	<input type="checkbox"/>
	AF					<input type="checkbox"/>	<input type="checkbox"/>
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	AK					<input type="checkbox"/>	<input type="checkbox"/>
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	AM					<input type="checkbox"/>	<input type="checkbox"/>
	AN					<input type="checkbox"/>	<input type="checkbox"/>
	AO					<input type="checkbox"/>	<input type="checkbox"/>
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	AQ					<input type="checkbox"/>	<input type="checkbox"/>
	AR					<input type="checkbox"/>	<input type="checkbox"/>
	AS					<input type="checkbox"/>	<input type="checkbox"/>
	AT					<input type="checkbox"/>	<input type="checkbox"/>
	AU					<input type="checkbox"/>	<input type="checkbox"/>
	AV					<input type="checkbox"/>	<input type="checkbox"/>
	AW					<input type="checkbox"/>	<input type="checkbox"/>
	AX					<input type="checkbox"/>	<input type="checkbox"/>
	AY					<input type="checkbox"/>	<input type="checkbox"/>
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